

Minnesota Board of Chiropractic Examiners
Application for Independent Examiner Registration / Reinstatement
Rev. 04/2014

Rights of Subject Data – Tennesen Warning

The Minnesota Board of Chiropractic Examiners is an affirmative action / equal opportunity employer. This information will be made available, upon request, in alternative format (for example, large print, Braille, cassette tape, etc.)

Upon the MBCE's issuance/renewal of your license/registration/sponsorship, all information which you provide on, or as an attachment to, this form is classified as public under *Minnesota Statutes 13.41, subdivision 2 and 4, except your social security number.*

The purpose and intended use of this information is to enable the MBCE to determine whether you meet statutory and rule requirements for license/registration/sponsorship. You are not legally required to provide this information, but if you fail to do so, your license/registration/sponsorship will not be renewed.

Additional information is available on the board's web site at www.mn-chiroboard.state.mn.us. Inquiries may be sent to the board by email to chiropracticboard@state.mn.us; by calling 651-201-2850; or by US Mail addressed to: MBCE, 2829 University Ave SE, Suite 300, Minneapolis, MN 55414.

Only forms containing original signatures will be processed. Faxed copies are not acceptable.

Information About This Application

Pursuant to Minnesota Statute 148.09, you are required to register with the MBCE to obtain your chiropractic Independent Examiners registration. Please submit the enclosed application and return it to this office with your registration fee of \$150. When all materials are received, we will issue you your Independent Examiners certificate.

Please note that pursuant to Minnesota Rules 2500.1160 you may not conduct your first examination until 30 days after the issuance of your registration and that this Independent Examiners registration is subject to an annual renewal fee of \$100. All Independent Examiner registrations must be renewed on or before the last day of February each year.

If you have any questions, please feel free to contact the Board office.

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All boxes must be answered or marked as "not applicable." Unanswered questions will result in the application being returned to you and will delay processing.

Please print legibly!

First Name	Full Middle Name	Last Name	Suffix
Other / Alias / Maiden Name			
Address Line 1			
Address Line 2			
City	State / Province	Zip Code	
County	Country		
Home Phone ()	Work Phone ()	Cell Phone ()	
Fax Number ()	Email Address		
MN DC License Number	Length of Time in MN	Licenses in Other States	

If the information above has changed since your last application to the MBCE; please sign here to authorize the MBCE to change this information in your file:

Signature

Date

Affidavit to the Board of Chiropractic Examiners

Please check one: ☐ Initial Registration ☐ Reinstatement of Registration

I hereby swear that I am a doctor of chiropractic conducting a physical examination of a patient or a review of records by a doctor of chiropractic, for the purpose of generating a report or opinion to aid a reparation obligor under chapter 65B in making a determination regarding the condition or further treatment of the patient, and I meet the following requirements:

I am an instructor at an accredited school of chiropractic or have devoted not less than 50 percent of practice time to direct patient care during the two years immediately preceding the examination.

I agree not to accept a fee of more than \$500 for each independent exam conducted.

I know that the above requirements are to be met on a continuous basis, and that the Minnesota Board of Chiropractic Examiners may, at any time, require me to present proof that I have complied with Minnesota Statutes section 148.09.

I have enclosed a check or money order in the amount of \$150 (Minnesota Rules part 2500.1150, Item G). I acknowledge that this registration fee is non-refundable.

I further acknowledge and agree as follows:

I may not perform any Independent Examinations for a period of 30 days following approval of this application by the board (only for first time applicants).

This registration will expire February 28 of each year. Renewal of my registration will require the payment of a \$100 non-refundable fee and the submission of an updated affidavit. My eligibility for registration renewal shall also be dependent upon whether I meet all renewal requirements which may be established by rule.

Signature of Applicant

Date

NOTARY:

Before me personal appeared _____, to me known to be the person who signed this affidavit and being by me first duly sworn, an oath stated that all the statements in this affidavit are true and correct to the best of his/her knowledge and belief.

Signature of Notary

(NOTARY SEAL)

This _____ day of _____, _____.

*******For MBCE Use Only*******

Form Related Information	Received Stamp	Payment Information	
Incomplete Form Returned To Licensee		Check Number	
Date Re-Received Form		Application Fee	
Staff Initials		Misc. Fee	
CINBAD Results		Date Paid (if different)	Initials

Please retain these rules for your records!

148.09 INDEPENDENT EXAMINATION.

A doctor of chiropractic conducting a physical examination of a patient or a review of records by a doctor of chiropractic, for the purpose of generating a report or opinion to aid a reparation obligor under chapter 65B in making a determination regarding the condition or further treatment of the patient, shall meet the following requirements:

- (1) the doctor of chiropractic must either be an instructor at an accredited school of chiropractic or have devoted not less than 50 percent of practice time to direct patient care during the two years immediately preceding the examination;
- (2) the doctor of chiropractic must have completed any annual continuing education requirements for chiropractors prescribed by the Board of Chiropractic Examiners;
- (3) the doctor of chiropractic must not accept a fee of more than \$500 for each independent exam conducted; and
- (4) the doctor of chiropractic must register with the Board of Chiropractic Examiners as an independent examiner and adhere to all rules governing the practice of chiropractic.

History: 1990 c 611 s 1

2500.1160 INDEPENDENT EXAMINATION REGISTRATION.

Subpart 1. Qualifications; proof.

Documentation establishing that a chiropractor meets the qualifications must be included with the application to register with the board as an independent examiner under Minnesota Statutes, section 148.09. A chiropractor must be licensed to practice in Minnesota and must have been in practice for the two years immediately preceding registration.

The chiropractor/instructor must present to the board proof of instructor status or attest to being involved in direct patient care for 50 percent of the time spent in practice during the two years immediately preceding the independent examination of a patient. An affidavit on a form as provided by the board must be filed with the board at the time of application to register.

Subp. 2. Registration.

The chiropractor must apply for registration with the board not less than 30 days prior to the anticipated date of commencement of independent examinations. The chiropractor must pay a registration fee as established by the board in part 2500.1150, item G.

Subp. 3. Annual renewal.

An annual renewal of registration is required by March 1 of each year after initial registration with the board. The chiropractor must pay an annual renewal fee as set by the board in part 2500.1150, item H. The chiropractor must fulfill the continuing education requirements set by the board in part 2500.1200, in addition to other continuing education requirements set by the board, before renewal is granted.

Statutory Authority: *MS s* 148.08

History: *15 SR 2265*

Posted: *August 24, 2011*